

# PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW Washington, DC 20503.**

<p>1. Agency/Subagency originating request U.S. EPA, Office of Compliance, OECA</p>	<p>2. OMB control number                      b. <input type="checkbox"/> None a. 2060 - 0387</p>
<p>3. Type of information collection (<i>check one</i>)</p> <p>a. <input type="checkbox"/> New collection</p> <p>b. <input type="checkbox"/> Revision of a currently approved collection</p> <p>c. <input checked="" type="checkbox"/> Extension of a currently approved collection</p> <p>d. <input type="checkbox"/> Reinstatement, <b>without change</b>, of a previously approved collection for which approval has expired</p> <p>e. <input type="checkbox"/> Reinstatement, <b>with change</b>, of a previously approved collection for which approval has expired</p> <p>f. <input type="checkbox"/> Existing collection in use without an OMB control number</p> <p><i>For b-f, note item A2 of Supporting Statement Instructions</i></p>	<p>4. Type of review requested (<i>check one</i>)</p> <p>a. <input checked="" type="checkbox"/> Regular</p> <p>b. <input type="checkbox"/> Emergency - Approval requested by: ____/____/____</p> <p>c. <input type="checkbox"/> Delegated</p> <p>5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities?   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p>
<p>6. Requested expiration date a. <input checked="" type="checkbox"/> Three years from approval date   b. <input type="checkbox"/> Other Specify: ____/____/____</p>	
<p>7. Title NESHAP for Total HAP Emissions from the Pulp and Paper Production Source Category -- Process Operations, 40 CFR Part 63, Subpart S</p>	
<p>8. Agency form number(s) EPA ICR # 1657.04</p>	
<p>9. Keywords   Clean Air Act, Environmental Protection, Air Pollution Control</p>	
<p>10. Abstract The MACT standards for the Pulp and Paper Production Source Category apply to facilities that produce pulp, paper, or paperboard by employing kraft, soda, sulfite, semi-chemical, or mechanical pulping processes using wood; or any process using secondary or non-wood fiber and that emits 10 tons per year or more of any hazardous air pollutant or 25 tons per year or more of any combination of hazardous air pollutants. Affected sources are all the hazardous air pollutant emission points or the HAP emission points in the pulping and bleaching system for mechanical pulping processes using wood and any process using secondary or non-wood fiber. Approximately 162 sources are subject to the standard.</p>	
<p>11. Affected public (<i>Mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Individuals or households   d. <input type="checkbox"/> Farms</p> <p>b. <input checked="" type="checkbox"/> Business or other for-profit   e. <input type="checkbox"/> Federal Government</p> <p>c. <input type="checkbox"/> Not-for-profit institutions   f. <input type="checkbox"/> State, Local or Tribal Government</p>	<p>12. Obligation to respond (<i>Mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Voluntary</p> <p>b. <input type="checkbox"/> Required to obtain or retain benefits</p> <p>c. <input checked="" type="checkbox"/> Mandatory</p>
<p>13. Annual reporting and recordkeeping hour burden</p> <p>a. Number of respondents                      162</p> <p>b. Total annual responses                      500</p> <p>    1. Percentage of these responses collected electronically                      0 %</p> <p>c. Total annual hours requested                      50,232</p> <p>d. Current OMB inventory                      53,924</p> <p>e. Difference                      (3,692)</p> <p>f. Explanation of difference</p> <p>    1. Program Change                      0</p> <p>    2. Adjustment                      (3,692)</p>	<p>14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>)</p> <p>a. Total annualized capital/startup costs                      370</p> <p>b. Total annual costs (O&amp;M)                      0</p> <p>c. Total annual cost requested                      370</p> <p>d. Current OMB inventory                      1337</p> <p>e. Difference                      (967)</p> <p>f. Explanation of difference</p> <p>    1. Program change                      0</p> <p>    2. Adjustment                      (967)</p>
<p>15. Purpose of information collection (<i>Mark Primary With "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Application for benefits      e. <input type="checkbox"/> Program planning or management</p> <p>b. <input type="checkbox"/> Program evaluation              f. <input type="checkbox"/> Research</p> <p>c. <input type="checkbox"/> General purpose statistics      g. <input checked="" type="checkbox"/> Regulatory or compliance</p> <p>d. <input type="checkbox"/> Audit</p>	<p>16. Frequency of recordkeeping or reporting (<i>check all that apply</i>)</p> <p>a. <input checked="" type="checkbox"/> Recordkeeping                      b. <input type="checkbox"/> Third party disclosure</p> <p>c. <input checked="" type="checkbox"/> Reporting</p> <p>    1. <input type="checkbox"/> On occasion      2. <input type="checkbox"/> Weekly                      3. <input type="checkbox"/> Monthly</p> <p>    4. <input type="checkbox"/> Quarterly      5. <input checked="" type="checkbox"/> Semi-annually      6. <input type="checkbox"/> Annually</p> <p>    7. <input type="checkbox"/> Biannually      8. <input checked="" type="checkbox"/> Other (describe) when exceedances occur</p>
<p>17. Statistical methods Does this information collection employ statistical methods?   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p>	<p>18. Agency contact (<i>person who can best answer questions regarding the content of this submission</i>)</p> <p>Name: <u>Seth Heminway</u></p> <p>Phone: <u>(202) 564-7017</u></p>

## 19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

**NOTE:** The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- © It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
  - (i) Why the information is being collected;
  - (ii) Use of information;
  - (iii) Burden estimate;
  - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
  - (v) Nature and extent of confidentiality; and
  - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Program Office Official

**Director**

**Division**

**OECA**

**James Edward,  
Compliance Assistance And Sector Programs  
Office of Compliance,**

Date

Signature of Senior Official or designee

**Oscar Morales, Director  
Collection Strategies Division  
Office of Environmental Information (OEI)**

Date